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URBAN DISTRICT COUNCIL OF BUDE/STRATTON



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year 1971

Health Area Office,
Launceston,
Cornwall

WILLIAM PATERSON, M.B., Ch.B., D.P.H., M.F.C.M.
Medical Officer of Health



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URBAN DISTRICT COUNCIL OF BUDE/STRATTON

Members of Housing and Public Health Committee: 1971/72

E.WORDEN (Chairman)
T.J.McMAHON (Vice-Chairman)

H.Davey	T.Blatchford
Miss M.M.Francis	B.A.Burrow
J.D.Hambly	M.R.Fleetwood
H.V.May	J.E.Gardiner
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R.L.Willoughby	W.A.Stanley
P.J.Wonnacott	V.Townend
	E.Trewin

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PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY :

MEDICAL OFFICER OF HEALTH

WILLIAM PATERSON, M.B., Ch.B., D.P.H., M.F.C.M.

also holds appointments of : Medical Officer of Health :
Stratton Rural District Council
Launceston Rural District Council
Camelford Rural District Council
Launceston Borough Council

Health Area Medical Officer, Area No. 6 Cornwall County Council

School Medical Officer, Cornwall County Council

SENIOR PUBLIC HEALTH INSPECTOR :

P.DURSTON, M.A.P.H.I.

SUMMARY OF VITAL STATISTICS

Area (in acres)	4,294
Population	5,540
No. of separate dwellings occupied	2,278
Rateable Value	£234,732
Product of lp. rate	£2,330

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
<u>Live Births</u>				
Legitimate	48	19	29	10.1
Illegitimate	8	2	6	
<u>Stillbirths</u>	1	-	1	18 (Rate per 1,000 total births)
<u>Deaths (all causes)</u>	92	46	46	16.6

Deaths from Puerperal Causes :-

Puerperal and post-abortive	}	N I L
sepsis		
Other Puerperal Causes		

Infant Mortality (Deaths under 1 year per 1,000 live births)

-	-	-	-
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	10	9	19
Measles (all ages)	-	-	-
Whooping Cough (all ages)	-	-	-
Diarrhoea (under 2 years)	-	-	-

Health Area Office,
Launceston.

To: THE CHAIRMAN AND COUNCILLORS OF THE URBAN
DISTRICT COUNCIL OF BUDE/STRATTON

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1971.

The vital statistics for the year show a total of 92 deaths, three fewer than in the previous year. Live births numbered 56, compared with 51 in 1970. In spite of the adverse balance of deaths over births, the Registrar-General's estimate of the mid-year population - 5540 - showed an increase of 240 over the previous year's figure. Heart disease once again headed the list of causes of death, followed by cancer and cerebrovascular disease, in that order. There were no infant deaths, but one stillbirth was recorded.

There was a small outbreak of measles, the majority of cases occurring in April and May, but otherwise the incidence of infectious disease remained low.

The most important matter affecting the environmental circumstances of the Urban District remains the question of sewerage and sewage disposal. The Council's Consulting Engineers reported to the Council during the year, and their recommendation is for a system of sewage disposal by a long sea outfall, with the outfall sited out to sea off Summerleaze Beach. The further investigations entailed by this recommendation continued during the year. An engineering scheme of this magnitude and likely cost must have full and detailed consideration, and this must be time-consuming. The situation does not become any less urgent, however, and the increasing and more vocal public interest in environmental pollution points to the need for a definitive scheme at the earliest possible date.

I must express my thanks to Mr. Durston, the Council's Senior Public Health Inspector, for the valuable assistance he has given in all aspects of our work together, and in the preparation of this report, for which he has supplied the bulk of the information dealing with the sanitary circumstances of the District. The Council's other Departments have continued their willing co-operation. I am grateful to the General Practitioners of the District for their continued co-operation.

Once again, it is a pleasure to express my appreciation of the help and encouragement I have received from the Council, and, in particular, from the Chairman and members of the Public Health Committee.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health

Natural and Social Conditions

Area (in acres) 4,294. The Urban District of Bude/Stratton is partly a health and seaside resort and partly agricultural in character. It is bounded on its western border by the Atlantic Ocean, the coast-line in this particular part of North Cornwall running almost due north and south.

Whilst the hinterland is undulating and hilly in character, contour heights seldom rise over 500 feet and this no doubt is in part the explanation for the exceedingly moderate rainfall figures (average annual rainfall for 20 years 33.74"), which in view of exposure to the prevailing south westerly winds, might be expected to be considerably higher.

Population - The Registrar General has estimated the population for the mid-year 1971 to be 5,540, an increase of 240 on the previous year. In 1971 there were 56 births and 92 deaths, 36 more deaths than births.

Deaths - The total number of deaths assigned to the District for the year was 92, compared with 95 in 1970. The crude death rate based on the mid-year population was 16.6, compared with 17.9 in 1970. The following table has been compiled for comparison with previous years.

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1967	87	46	41	16.70
1968	95	53	42	18.0
1969	79	31	48	14.8
1970	95	46	49	17.9
1971	92	46	46	16.6

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.67 for this District.

The Standardised Death Rate, therefore, is 11.1 which may be compared with that of 11.6 for England and Wales.

Births. The number of live births assigned to this District was 56 compared with 51 in 1970. The rate per thousand of the population is 10.1. When the Registrar General's Area Comparability Factor for births (1.25) is applied to this figure, the Standardised Birth Rate of 12.6 for this District compares with 16.0 for England and Wales.

Stillbirths - There was one stillbirth during 1971.

Illegitimate Births - There were eight illegitimate births assigned to the District during the year, compared with five in 1970. Shown as a proportion of the total number of live births, this represents 14 per cent.

Maternal Mortality - No maternal deaths were recorded during the year.

Infant Mortality - There was no infant death in 1971.

N.B. Vital Statistics. It is important that too much weight should not be attached to small variations in these rates from one year to another, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

MORTALITY TABLE

Classified in accordance with 65 headings based
on the Abbreviated List of the International
Statistical Classification of Diseases, Injuries
and Causes of Death, 1967.

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Other Infective and Parasitic Diseases	1	-	1
Malignant Neoplasn, Oesophagus	2	-	2
Malignant Neoplasn, Intestine	-	2	2
Malignant Neoplasn, Lung, Bronchus	6	2	8
Malignant Neoplasn, Breast	-	1	1
Other Malignant Neoplasn	2	4	6
Meningitis	-	1	1
Chronic Rheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	12	8	20
Other Forms of Heart Disease	2	5	7
Cerebrovascular Disease	5	8	13
Other Diseases of Circulatory System	5	2	7
Pneumonia	2	5	7
Bronchitis and Emphysema	2	1	3
Other Diseases of Respiratory System	2	-	2
Peptic Ulcer	2	-	2
Nephritis and Nephrosis	-	1	1
Other Diseases, Genito-Urinary System	1	2	3
Motor Vehicle Accidents	-	1	1
All Other Accidents	2	2	4
	46	46	92

GENERAL PROVISION OF HEALTH SERVICES

General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district, and in adjoining districts, all of whom undertake maternity medical services.

County Council Services.

I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946, and provides the following services in the district :-

- (a) Midwifery and Home Nursing. Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
- (b) Health Visiting. Health Visitors are available to give advice on health matters in the home or at the clinic. Originally concerned with the care of mothers and young children, which is still their basic function, they are increasingly concerned with other age groups, particularly the aged. Some health visitors combine this work with general nursing and midwifery. All act also as school nurses.
- (c) Dental Clinic. Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic held at the Castle, Bude.
- (d) Vaccination and Immunisation. Facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough and tetanus and for poliomyelitis vaccination are provided by the supply of materials to the family doctor, or at school, in the case of reinforcing doses.
Vaccination against measles is now provided for susceptible children up to the age of 15 years and a limited scheme of vaccination against German measles, for older girls of secondary school age, has been introduced.
- (e) Ambulance Service. A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilising sitting case vehicles are used. When appropriate, some such cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from Ambulance Control, Bodmin.
- (f) Prevention of Illness, Care and After-care.
A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor.

Routine tuberculin testing and, if necessary, B.C.G. vaccination (i.e. vaccination against tuberculosis) is provided for senior school children.

Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

II Education Department. As local Education Authority, the County Council is responsible for the School Health Service, which provides the following :-

Periodic Medical Inspection of pupils
Cleanliness Surveys of pupils
Dental Inspection and treatment of pupils
Ascertainment of handicapped pupils in need of special education
Treatment clinic at the Castle, Bude :
Dental Clinics each Tuesday and Friday
Child Guidance, by arrangement.

III Social Services Department.

The Local Authority Social Services Act, 1970, which resulted from the recommendations of the Committee on Local Authority and Allied Personal Services (the Seebohm Report), presented to Parliament in 1968, came into full operation on 1st April, 1971. This Act required the County Council to set up a Social Services Committee and appoint a Director of Social Services, who is now established at Old County Hall, Truro.

The Department is responsible for the following :-

All duties formerly carried out by the Children's Department
All duties formerly carried out by the Mental Health and Welfare Section of the Health and Welfare Department
Family casework with the physically and mentally disabled.
Day centres, clubs, adult training centres, workshops and residential accommodation for the above.
The day care of children under the age of five years, playgroups, etc. day nurseries and child minding.
The care of unsupported mothers, including residential care
Home Help Service.

The Department retains a link with the Health Department in that the County Medical Officer remains Medical Adviser to the County Council, including the Social Services Committee, and the Deputy County Medical Officer deals with day-to-day medical matters affecting the Social Services Department.

The Social Workers for the District work from the Health Area Office, Launceston. The Social Worker for Child Care works from Hendra, Dunheved Road, Launceston.

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.

Stratton Cottage Hospital provides in-patient and out-patient facilities in the district. Patients are referred also to hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Hospital, Plymouth, and tuberculosis patients to Didworthy Hospital or Tehidy Chest Hospital. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin and Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly at Stratton Hospital, Bude, and a Physiotherapy Clinic at Dawfield Hospital, Holsworthy. The Chest Clinic is held at Stratton Hospital. An Ophthalmic Clinic for school and pre-school children is held periodically at the Castle, Bude. A Specialist Ante-Natal Clinic is held in Launceston each week.

Laboratory Facilities.

These are provided by the Public Health Laboratories at Exeter and Plymouth, to which specimens for bacteriological examination are submitted.

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLIES. The District Water Undertaking is now under the control of the North Devon Water Board.

The extension of the main from Inch's Shop to the hamlet of Bush, a length of approximately 900 yards, was completed by the beginning of the year. Some 63 properties now have a piped water supply for the first time. This has obviated the necessity to convey water to Bush in milk churns as was the practice previously.

The Board has continued the practice of stabilising the pressures in the low-lying parts of the District by the use of a pressure reducing valve at Hillhead, near the storage reservoir. This practice has obviated large fluctuations of pressure in the town of Bude, with a consequent reduction in wastage from ball-valves and similar fittings.

In general the District has experienced no major difficulties from shortage of supply, despite a drier than average summer. The supplementary supply coming into the District via the new Inch's Shop main has undoubtedly assisted in this connection.

Routine sampling for bacteriological examination is carried out by Officers of the North Devon Water Board, with occasional check samples by the Council's Public Health Inspector. Some difficulty was experienced with the water supply during late Spring and early Summer of the year under review. Bacteriological samples were not up to the usual standard and there were complaints regarding the taste and smell of the water. A sample was taken for chemical analysis, and the result established the presence of large quantities of colloidal humus. Steps were taken by the North Devon Water Board to rectify the situation, and subsequent reports on bacteriological samples were quite satisfactory.

Summary of bacteriological reports

Tap water samples (Filtered and chlorinated)

<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>	<u>Class 4</u>
92	10	4	7

SEWERAGE AND SEWAGE DISPOSAL

The scheme for the improvement of the sewerage of Bude, and of the method of sewage disposal, continued to receive consideration during the year. The existing facilities are being subjected to increasing pressure due to continuing residential development within the District, a position which is further aggravated by the fact that the sewage of Stratton now discharges into the Bude system. Certain minor schemes for the separation of surface and storm water from existing combined sewers have been carried out, and these have brought about a considerable alleviation of the present position.

The Consulting Engineers presented their report to the Council during the year. After a full consideration of the previous findings, this recommended the disposal of the sewage by means of a long sea outfall, with the outfall situated off Summerleaze Beach, and recommended further investigations before a final decision could be taken. These investigations continued during the year, but no details of the complete scheme had been submitted by the end of the year. Whatever the final decision, it is to be hoped that it will be reached quickly.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The new Rodent Operator, who took over from the previous Operator on his retirement, has given very satisfactory service, and the District continues to enjoy considerable freedom from infestation.

During the year the new Operator conducted a test baiting of the sewerage systems, with particular emphasis on the sewers of the new estates which have developed in recent years. Very little infestation was found.

In addition to the treatment of the sewerage systems, all other Council properties have received surveys, and treatments where necessary, as have private and business premises.

MOVEABLE DWELLINGS

Caravan Sites and Control of Development Act, 1960.

There are at present in the District the following licensed sites :-

- (a) A small holiday site for 4 caravans, and for tented accommodation at Bush.
- (b) A holiday site for 30 caravans and 75 tents at Lynstone Farm.
- (c) A residential site for 15 caravans at Maer Farm.
- (d) A holiday site for 185 caravans, and for tented accommodation at Grenville Gate.

Of these sites, all but the first are provided with flush sanitation and main water supply. As the first is very small, and in a comparatively isolated area, the existing chemical closets were considered sufficient. All of the other sites now comply with the Ministry's Model Standards.

The owner of site (d) has submitted proposals for the substitution of two blocks of permanent chalets in place of some of the older caravans. This proposal had received planning permission and it was hoped that work on the proposal would start during the close season.

Taking the season as a whole the weather was very suitable for camping, and indeed for all holidaymakers. As a consequence camping sites were filled to capacity, and there was a marked increase in tented camping.

Speaking generally, the operators of licensed sites continue to exhibit great keenness to maintain high standards, both in the provision of facilities, and in the general standard of cleanliness and hygiene.

Collection of refuse is carried out on site by the site operators, much of the combustible refuse being burnt immediately. The remainder of the refuse is collected by the Council's refuse lorry at times of collection normal to the respective sites. An exception occurs at site (d), where the operator conveys his refuse, collected in paper sacks, to the refuse tip in his own vehicles.

During the season there was an increase in the amount of casual camping, but this was largely spasmodic, and no serious nuisances occurred.

PUBLIC CLEANSING

The Cornwall County Council control most of the roads in the district, but the work of street cleansing is carried out mainly by the staff of the Urban District Council.

As reported last year, the method of disposal of domestic refuse continues to be by means of burning the refuse on the face of the existing tip. This system continues to work very well, and the rodent and fly infestation has been considerably reduced. In addition, the available space for tipping is decreasing very slowly indeed.

The collection vehicle in current use is a Dennis "Paxit" Series IIC refuse collection vehicle, of 24 cubic yards capacity, with intermittent compression loading.

The slightly larger overall dimensions of the vehicle have necessitated some slight adjustments to the collection rounds, where the reduced manoeuvrability was a handicap, but householders have co-operated and a satisfactory compromise has been reached. On the credit side, the increased capacity of the vehicle, and its more efficient compression have reduced the journeys to the tipping area, on the average by one trip a day.

NATIONAL ASSISTANCE ACT

Section 47 - No action

Section 50 - No action

HOUSING

During the year the Berries Avenue Development was continued, and by the end of the year, 21 houses were completed and occupied, and a further 19 were under construction. The number of applications submitted when any existing accommodation becomes available for letting indicates that there is still a considerable demand for this type of accommodation. In an area where the average weekly wage is very low, the Council are faced with the problem of providing accommodation of a type which is within the means of those who need it. Discussions have taken place on the advisability of adjusting the rents of existing properties, which are relatively low, to bolster the rents of any new houses which may be built.

The slum problem is not a serious one numerically in the District, most unfit properties being dealt with individually when existing Council accommodation becomes available for re-housing the tenants. During the past few years, the position has also been eased by the improvement of many of the older houses either privately, or by means of standard and discretionary improvement grants which the Council is prepared to allocate in appropriate cases. The situation would be further helped if the Council were to provide a limited number of houses for rehousing tenants in unfit properties.

In programming the future housing requirements of the District, the Council has very much in mind, not only the requirements of the local inhabitants, but also the possible demands of personnel brought into the District with the development of light industry and a Government undertaking, a development which appears to be imminent, and has, in fact, already started to a limited degree.

The Council's scheme for the provision of land for private residential development, as an extension to the Hawthorne Avenue/Manor Road private development has progressed no further. However, other private development sites have progressed and it is gratifying to be able to report an increase in the number of private houses completed during the year.

Comparative table of private housing development

	<u>1971</u>	<u>1970</u>	<u>1969</u>	<u>1968</u>
Houses completed during the year	47	37	46	60
Houses being erected at end of year	36	34	30	35

INSPECTION AND SUPERVISION OF FOOD

Food Premises and Clean Food

The number and types of premises in the District are :-

Grocers	...	...	...	...	...	12
Restaurants and hotel kitchens	...	...	...	...	...	45
Bakers and Confectioners	...	...	...	...	...	5
Butchers	...	...	...	...	...	5
Dairies	...	...	...	...	...	5
Ice-cream dealers	...	...	...	...	...	25
Boarding houses	...	...	...	...	...	55
Greengrocers	...	...	...	...	...	10
School canteens	...	...	...	...	...	3

No. of inspections of registered food premises 87

No. of inspections of other food premises 129

Food Hygiene Regulations

In a District where the most important industry, at the moment, is the holiday industry, the seasonal character of the demands upon the catering industry is its greatest problem. Largely almost at a standstill during the winter months, in the holiday season it is subjected to considerable pressures, which tend to build up as the season progresses. These pressures, together with the largely transient staffs which are available, create problems which, though not unique, are certainly not felt to any comparable extent in the centres of large population. Education in hygienic methods of food handling in lecture form, which could only take place in the off-season, has by then lost much of its interest for personnel who have found other employment, and perhaps may not return to the catering trade. In addition much imported labour is employed, and is likely to have left the District during the close season; this is particularly true of key personnel.

However, the Department does feel that prevention is better than cure, and inspections and advisory visits are an important part of the work of the year. Such visits have indicated that the larger the establishment the more vigilance is needed. This is, no doubt, in part explained by the relative remoteness of management staffs in such establishments. In spite of these difficulties, in general, good standards are maintained, and in other cases informal comment and advice have been generally acceptable to management staffs; no formal action has been necessary.

Milk

Brucella Abortus

By an arrangement with the County Medical Officer, samples of raw milk from producer-retailers in the area are taken by the County Public Health Inspector, and submitted to the Public Health Laboratory, Truro, for examination. Bulk samples are first subjected to the Milk Ring Test, and, if positive, samples from the individual cows in the herd are submitted for culture for brucella abortus.

The results given below refer only to samples from individual cows submitted for culture.

- | | |
|--|-----|
| (i) Number of samples of raw milk examined | 15 |
| (ii) Number of positive samples found | Nil |

Meat Inspection

Towards the end of 1970 the Bude Wholesale Meat Company purchased the abattoir at Hatherleigh in Devon and all business was transferred to those premises in December, 1970. At the same time the Bude Slaughterhouse was closed and has so remained ever since.

Disposal of condemned meat and other foods

Condemned meat, both from the slaughterhouse and butchers' shops, is removed by a contractor, who sterilises and processes it, and converts it into animal feeding stuffs.

Tinned and similar goods are taken to the Council's refuse tip and buried.

Ice-Cream (Heat Treatment) Regulations. 1959.

Virtually, since the coming into force of the Heat Treatment Regulations, there have been no manufacturers of ice cream within the district. However, in May of the year under review, a new factory was occupied by a firm manufacturing Cornish ice cream which had previously operated from within another district.

The remainder of the ice cream sold retail within the district is manufactured by one other Cornish company and by nationally known firms who operate from outside the district.

Sampling of ice cream was resumed during the season. The general overall standard of results was satisfactory, but there were a number of low grade samples. Difficulty was experienced in getting samples to the laboratory within a reasonable period, and this together with the hot weather, probably contributed to the number of lower grade samples recorded. Later in the season the use of public transport was discontinued, and samples were taken to the laboratory direct. When this practice was adopted the standard of the samples rose dramatically. A table of results is appended below.

Summary of Results of Samples - 1971

Provisional Methylene Blue Test

Grade 1	-	47.06%
Grade 2	-	27.06%
Grade 3	-	16.47%
Grade 4	-	9.4%

FACTORIES ACT, 1961

Classified list of factories as at 31st December, 1971

<u>Nature of employment</u>	<u>Power</u>	<u>Non-power</u>
1. Food manufacture	3	-
2. Wearing apparel		
(a) Boots and shoes	3	-
(b) Outfitting	1	-
3. Carpentry, Joinery and saw mills	6	-
4. Garages repair shops and engineers	13	-
5. Laundries	-	-
6. Gas works	1	-
7. Monumental masons	-	1
8. Plumbers	-	2
9. Dairies	-	-
10. Photography	3	-
11. Printing works	2	-
12. Electrical engineers	2	1
13. Cabinet makers and upholsterers	-	2

Prescribed Particulars of the Factories Act, 1961, are attached as an appendix to this report in accordance with Circular 1/60 of the Ministry of Health.

Summary of Public Health Inspector's inspections, etc.

This is shown in Table IV, page 20

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The infectious diseases which are statutorily notifiable to the Medical Officer of Health are the following :- Cholera, plague, relapsing fever, typhus, smallpox, acute encephalitis, acute meningitis, acute poliomyelitis, anthrax, amoebic dysentery, bacillary dysentery, diphtheria, infective jaundice, leprosy, leptospirosis, malaria, measles, ophthalmia neonatorum, paratyphoid fever, typhoid fever, scarlet fever, tetanus, tuberculosis, whooping cough, yellow fever and food poisoning.

The monthly incidence of infectious disease is shown in Table III.

Smallpox. No case was notified during the year.

The Department of Health and Social Security, after considering the advice of its expert Joint Committee on Vaccination and Immunisation, decided during the year to abandon the practice of routine vaccination against smallpox in infancy and early childhood, and advised Health Authorities and doctors accordingly. This decision was based on the remarkable progress which has been made by the World Health Organisation in its smallpox eradication programme. This has been so successful that the chances of the introduction of smallpox into Britain have substantially diminished and are likely to continue to lessen with the further progress of the eradication campaign. The British public are, therefore, far less likely to be exposed to the risk of this infection than ever before, and the risk of contracting the disease is now considered to be less than the risk of complications from vaccination, although this risk is very small.

This decision affects routine infant vaccination only. The protective value of successful vaccination to the individual is so high that vaccination and revaccination will continue to be offered to health service staff - doctors, nurses, public health staff and ambulance workers, and also to travellers to and from areas of the world where smallpox still exists.

Diphtheria. No case of diphtheria was notified during the year. 321 children in the Health Area received a complete course of immunisation during the year, the triple antigen against diphtheria, whooping cough and tetanus being used in all cases. 359 children received reinforcing injections, the diphtheria-tetanus vaccine being used in these cases.

Poliomyelitis. No case of this infection was notified during the year, in the course of which 341 persons in the Health Area received a complete course of oral vaccination, and a further 373 a reinforcing dose.

Whooping Cough. Three cases of whooping cough were notified during the year.

Measles. Forty-three cases of this disease were notified during the year, more than half of the cases occurring in April.

Vaccination against measles has now taken its place as one of the routine protective procedures in the schedule of infant vaccination, and is offered during the second year of life, usually following the completion of diphtheria, whooping cough and tetanus and poliomyelitis vaccination courses at the age of one year. It continues to be available also for older children who have not already had this protection, or suffered from the infection.

Measles (contd.)

During the year, 317 children were vaccinated against the disease in the whole of the Health Area.

Acute Meningitis. No cases of this disease were notified during the year, but one death from this cause was recorded. This was an adult, and the death occurred in hospital out of the district. The cause was certified by the coroner after a post-mortem.

Food Poisoning. No cases were notified during 1971.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non-Pul.</u>	<u>Pul.</u>	<u>Non-Pul.</u>
Cases on Register				
31.12.70	6	2	4	-
No. of cases notified				
during the year	-	-	-	1
Cases restored	-	-	-	-
Inward Transfers	-	-	-	-
Cases removed	-	-	-	-
<hr/>				
Total on Register				
31.12.71	6	2	4	1
<hr/>				

B.C.G. Vaccination continues to be offered to all susceptible contacts of known cases, most of whom avail themselves of this protection.

The scheme for B.C.G. Vaccination of susceptible senior school children was continued by the County Council during the year, again with a good response.

OTHER DISEASES

Cancer of the Lung. During 1971, there were ten male and nine female deaths from all forms of cancer. Six male and two female deaths were due to cancer of the lung. The total of deaths from this cause since 1949 is 46 male and 16 female deaths. During the same period, there have been 151 male and 163 female deaths from all forms of cancer.

Cancer of the Cervix. The County Council's Cervical Cytology Clinic at Launceston continued to operate during the year.

Women between the ages of 30 and 55 years are accepted for this form of examination. The clinic at Launceston serves the whole of the Health Area and beyond. During the year, 655 specimens were submitted to the laboratory. Two cases of the pre-cancerous stage of the disease were discovered, and a number of minor conditions were identified. The patient's general practitioner receives a copy of the laboratory report, and arranges for appropriate treatment.

The national scheme for the conduct of this form of investigation envisages the repetition of this type of test for each individual after an interval of five years. Towards the end of the year, a start was made in recalling those women who had taken advantage of the scheme at its beginning, but the number so tested was small, largely owing to the fact that very few tests could be carried out with the limited laboratory facilities available when the clinic was started.

The Cervical Cytology Clinic at Stratton Hospital continued to operate during the year. This is independent of the County Council's arrangements, and the figures above refer only to the County Council's clinic.

TABLE IV

Summary of Public Health Inspector's Inspections

<u>Description</u>	<u>Number of visits</u>	<u>Number of defects</u>	
		<u>Found</u>	<u>Remedied</u>
Drainage	37	10	10
Keeping of animals	47	4	4
Swill boiling	6	2	2
Public conveniences	56		
Refuse collection and disposal	171	15	15
Rodent and pest control	197	28	28
Infectious diseases	3		
Petroleum Acts	53	3	3
Complaints	-		
House inspections	55	10	10
Local Authority housing inspections	61	-	-
Improvement Grants	195		
Rent Acts and Housing Act 1969. S.45	48		
Camp Sites	50	12	12
Factories	36	4	4
Offices Shops and Railway Premises Act	79	8	8
Meat inspection	-		
Foodshops	80	14	14
Bakehouses	6	1	1
Food preparation premises	106	16	16
Ice-cream sampling	92		
Water supplies	25		
Mobile Food Shops	24		

Total visits of all kinds made by the

Public Health Inspector during the year 1,444

APPENDIX

FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the
Factories Act, 1961.

Part 1 of the Act

1 - INSPECTIONS for purposes of Provisions as to health
(including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	6	15	-	-
ii) Factories not inclu- ded in (i) in which Section 7 is enforced by the Local Authority	33	16	-	-
ii) Other premises in which Section 7 is enforced by the Local Authority (exclu- ding out-workers' Premises)	1	5	-	-
Total	40	36	-	-

2 - Cases in which DEFECTS were found

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (Section 1)	1	1	-	-	-
Overcrowding (Section 2)	-	-	-	-	-
Unreasonable temperature (Section 3)	1	1	-	-	-
Inadequate Ventilation (Section 4)	-	-	-	-	-
Ineffective drainage of floors (Section 6)	-	-	-	-	-
Sanitary Conveniences (Section 7)					
a) Insufficient	-	-	-	-	-
b) Unsuitable or defective	2	2	-	-	-
c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	4	4	-	-	-

Part VIII of the Act

Outwork

(Sections 133 and 134)

N I L

<p>1</p>	<p>1</p>	<p>1</p>
<p>2</p>	<p>2</p>	<p>2</p>
<p>3</p>	<p>3</p>	<p>3</p>
<p>4</p>	<p>4</p>	<p>4</p>
<p>5</p>	<p>5</p>	<p>5</p>
<p>6</p>	<p>6</p>	<p>6</p>
<p>7</p>	<p>7</p>	<p>7</p>